the objections raised against this form of treatment in gynecology:

Some will immediately say that electricity in some form or other has been used by quacks since time immemorial. Quacks operate as much as we regulars do, but no one calls every surgeon a quack.

Others, label as abortionist any physician who has an intra-uterine sound in the office. No physician has ever practised his profession for even a short period of time without having been called an abortionist, either by a vindictive patient upon whom he has refused to do an abortion, or by some kindly brother-practioner, who has his own private reasons (?) for the remark. What people say really makes very little difference. If we can cure even a few by a method of treatment more or less in disfavor, we must be broad-minded enough to rise above such trivial standards.

The treatments, in the majority of cases, are more or less painful, depending to a large extent upon the patient's temperament. The best policy is always to tell them that it will hurt, and let them choose before you begin your course of work.

The danger of infection has been fully discussed. If we use the same care in doing any office work that we do in the hospitals, where the nurses watch us, there is no more danger of infection than there is in the surgery.

The last objection raised is that it requires too much time to give treatments of this kind. But the fees for this class of work are, of course, higher than for the standard local treatment, and besides, in the long run, it pays better to entirely cure one case, than to half-cure a dozen.

In conclusion, let me make this positive statement: that the Galvanic current in gynecology is the best single therapeutic agent which I have ever used, and in conjunction with organotherapy, serum-therapy and general hygienic measures, has saved many women from the pain, the horrors, and the uncertainty of the operating room.

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## SOME INTERESTING SURGICAL CONDITIONS OF THE KIDNEY AND PROSTATE.*

By WILLIAM E. STEVENS, M. D., San Francisco.

*Renal Tuberculosis in Children.*

The impression is general, even among urologists, that tuberculosis of the kidneys is uncommon in children because in most statistics the ages vary from fifteen to forty years. In my opinion this idea is an erroneous one and arises because of the neglect to examine the urine for tubercle bacilli and the disregard of our more modern urological diagnostic facilities such as cystoscopy, ureteral catheterization, radiography, pyelography and functional kidney tests. Contrary to the opinion of many, a careful microscopical examination of the urine will disclose the presence of tubercle bacilli in a large majority of patients whose kidneys are infected with this organism and the systoscope can be used in male children as young as sixteen months and the ureters catheterized under three years of age. Females fourteen months of age have been cystoscoped and the ureters catheterized in those of twenty-two months.

We should not be satisfied with a diagnosis of cystitis, which is a symptom rather than a clinical entity, or with that of pyelitis, notwithstanding the fact that the latter is a frequent cause of urinary disturbances in children. The importance of the early detection of renal tuberculosis at the time when it is confined to one kidney and surgically curable in at least eighty per cent. of our cases can not be underestimated.

Although a nephrectomy is not to be lightly undertaken it is nevertheless an operation of necessity in cases of unilateral tubercular involvement. While hygienic and tuberculin treatments are justifiable in cases of advanced bilateral infection, or when operation is absolutely refused, permanent results are seldom obtained with these methods, although many cases in which marked temporary improvement has occurred have been published by a number of observers, one of whom has reported a series of fifty cases clinically cured with tuberculin.

The first case to which I wish to call attention is that of a school girl, nine years of age, who complained of frequent urination and slight pain in the left hip. Her family history was negative. With the exception of the year previous to nine months ago she had always suffered from frequency aggravated by exercise or excitement.

The pain in the hip followed an injury five months before and she had been under treatment for tuberculosis of that joint for the past month.

Examination of the heart, lungs and abdomen was negative.

Catheterized specimens of bladder urine contained a moderate number of pus and blood cells and tubercle bacilli were demonstrated by microscopical examination and guinea pig inoculation. Culture of the urine showed a scant growth of bacillus mucosus capsulatus and a few colonies of pneumococci. Cystoscopy revealed a small ulcer partially surrounding a golf hole right ureteral orifice. It was impossible to introduce a catheter over one half centimeter into this ureter on account of stricture. The left ureter was catheterized to the pelvis. The urine from the left kidney contained a few pus cells and Gram positive diplococci but no tubercle bacilli could be found on microscopical examination or animal inoculation.

The phlorizin and urea functional kidney tests showing normal values on the left side an enlarged irregularly shaped right kidney was removed, under gas oxygen anaesthesia.

The wound had healed by the ninth day and the patient was permitted to leave the hospital on the twelfth day following operation.

As can be seen by the specimen the kidney was almost completely destroyed by the caseating cavernous type of infection which was evidently of long duration.

* Read before the San Francisco County Medical Society, November, 1918.

Case 2. A boy thirteen years of age entered the hospital for the removal of adenoids. He had suffered from frequency of urination, occasional night sweats, weakness and loss of weight for the past year. His mother probably died of consumption.

When two and a half years of age a gland was removed from his neck. The tonsils were removed one year ago.

A number of pus cells were found on routine examination of the urine and similar results were obtained from catheterized bladder specimens and in addition a number of tubercle bacilli were demonstrated.

As the meatus was too small to permit the passage of even a small catheterizing cystoscope it was incised under local anaesthesia. Cystoscopy a few days later disclosed a normal bladder wall. Both ureters were catheterized to the pelves and a number of tubercle bacilli found in the urine from the right kidney. That from the left was negative. Indigo carmine injected intramuscularly appeared on the left side in eight and a half minutes and on the right in twenty-six minutes.

The right kidney was removed and four large tubercular cavities found. The patient was out of bed the seventh day, the wound had healed on the fourteenth day and he was discharged from the hospital on the twentieth day following operation. He gained seven pounds in weight during the next two and a half weeks.

These cases emphasize the importance of the early examination of the urine for tubercle bacilli in every child with urinary disturbances. They are of interest because of the advanced tubercular infection occurring at such an early age.

The next case is interesting from a diagnostic standpoint. The patient, a girl of fifteen, entered the hospital complaining of pain in the right lumbar region and the upper and lower right abdominal quadrants.

Family history negative. She had been treated fourteen months before for pain in the right lumbar region accompanied by pus in the urine.

Her temperature, pulse, urine and blood count were normal. Tenderness was somewhat greater on deep palpation at McBurney's point. Radiography showed five or six shadows, probably due to calculi in the region of the left kidney pelvis. Pyelography revealed an enlarged right renal pelvis. Indigo carmine injected intravenously appeared at the left ureteral orifice in five minutes but none could be detected on the right side in one-half hour. Further examination was refused.

Following a provisional diagnosis of appendicitis the abdomen was opened and an appendix not definitely pathological removed.

Notwithstanding the abnormal condition of the upper urinary tract the lumbar and abdominal pain disappeared following the appendectomy.

In view of the findings treatment directed toward the urinary tract would have been justifiable but probably no improvement would have resulted. On the other hand a more common mistake is the removal of a normal appendix following a diagnosis of appendicitis in pathological conditions of the right ureter and a kidney.

*Renorenal Reflex.*

The first of the following cases is illustrative of the renorenal reflex. The existence of this symptom has been questioned by some authorities but the report of a number of authentic cases proves that although much less common than vesicorenal reflex it undoubtedly occurs.

A. H., a male thirty-eight years of age entered the hospital complaining of pain in the right lumbar region and the upper and lower right abdominal quadrants. During the past fourteen years he had occasionally passed gravel and noticed some blood in the urine. He had a poor appetite and was weak. Examination of a catheterized specimen of bladder urine revealed a few pus cells but that from the right and left kidney was negative. Radiography and pyelography revealed the shadows of two calculi in the upper pole of the left kidney. Comparative and total functional kidney tests gave normal values. Following nephrotomy and removal of the calculi from the left kidney the pain entirely disappeared from the right side and has not returned.

*Prostatic Calculus.*

The following case is of interest because of the unusual size of the prostatic calculus. It weighs over fifty grams. Formed primarily in the upper urinary tract it probably lodged in a pouch or diverticulum of the prostatic urethra, there increasing in size. True prostatic calculi on the other hand are formed in the gland proper, are much smaller and are usually multiple. I have suceeded in removing a number of the latter as well as smaller stones in other portions of the urethra with long urethral forceps through an endoscope.

This patient was a laborer thirty-two years of age who entered the hospital suffering from frequent and painful urination. He also complained of soreness in the perineum, worse at night, pain in both lumbar regions, worse on the left side, and diarrhea.

A sister had tuberculosis.

He had contracted gonorrhea twelve and again five years ago.

His symptoms began one and a half years ago. He passed some gravel seven months ago. For the past six days it had been impossible for him to work on account of weakness and diarrhea.

On attempting to introduce a soft rubber catheter an obstruction was encountered in the prostatic urethra and agonizing pain of several minutes' duration resulted. On the following day an unsuccessful effort was made to introduce the cystourethroscope, first under local, then under general anaesthesia. A metallic click was elicited by contact of the instrument with a hard foreign body which completely obstructed the ureter. Seven hours later, no urine having been voided and the abdomen being distended and painful, the urethra was opened through the perineum and a large calculus grasped with forceps. During the attempt at removal the stone was crushed and as it was

impossible to remove some of the larger fragments which were wedged in the urethra at the neck of the bladder and as no urine had escaped, it was considered advisable to open the latter suprapubically. All fragments of the calculus were then removed and a retention catheter readily inserted through the external meatus into the bladder. The patient is now up and around, seventeen days after operation; he passes urine without distress through the urethra and the wounds are healing rapidly.

*Prostatic Hypertrophy*

The history of the following case is typical of the majority of cases of prostatic hypertrophy. It is interesting to note however that notwithstanding the enormous size of the gland and the complete retention of urine the patient had not complained of subjective urinary symptoms previous to a few days before entering the hospital. The specimen weighed two hundred and fifty-six grams and is the largest I have seen recorded. It was impossible without section to remove it through the opening in the bladder wall. Convalescence following operation was prolonged but complete recovery resulted. When seen a few months later the patient said that he felt and he certainly looked many years younger.

Shreve Building.

# Los Angeles County Hospital

By Norman R. Martin, Superintendent of Los Angeles County Charities and Hospital.

We have many daily requests for information regarding the operation of the Los Angeles County Hospital and the working organization of the Los Angeles County Department of Charities; and it may be interesting to your readers to know that the department consists of all the public charities which are supported or maintained by the County of Los Angeles, including the County Hospital, the County Farm, Olive View Sanatorium, the County Cemetery and all outdoor relief—the latter including since July 1, 1915, the relief work of the City of Los Angeles as well as that of the county. Each activity is designated as a "division" of the department. There is no private relief organization that cares for great numbers of the indigent class, as in other large cities, and this county organization attempts to perform all the functions ordinarily performed by both public and private relief societies.

The department is strictly non-political and non-sectarian. All purchases are made through the County Purchasing Agent on formal written requisitions, approved by the Superintendent of Charities. The county charter prescribes that "the Superintendent of Charities shall be under the direction of the Board of Supervisors, and shall exercise a general supervision over, and enforce rules and regulations for the conduct and government of the charitable institutions of the county." All employees of the department are selected from eligible lists furnished by the Civil Service Commission and are appointed by the Superintendent of Charities. The Superintendent of Charities is selected from similar eligible list and appointed by the Board of Supervisors.

The Los Angeles County Hospital is located at 1100 Mission Road, Los Angeles, and consists of thirty-five acres of land with twenty-two buildings, costing with equipment approximately two million dollars to date. Its equipment is modern and up-to-date. This hospital is the third largest institution of its kind in the United States, consisting of 1283 beds and caring for upwards of 1000 patients at all times, which population increases during the winter months to capacity.

It must be understood, however, that other large cities the size of Los Angeles have many similar institutions, where it has none. The county takes care of all the sick poor of both city and county, and this in a community of nearly one million people, naturally requires larger quarters than when there are duplicate institutions. There is still another reason for the great demand for entrance to this hospital, viz., all classes of disease are admitted except smallpox. More than 14,000 patients are admitted and discharged each fiscal year. Fifty-seven different nationalities were treated last year; 59 per cent. were of American birth and 41 per cent. alien. To care for this small village of patients requires over 30 graduate physicians, 175 nurses and 200 miscellaneous officers and employees. There is a large staff of attending physicians, consisting of the leading medical men of the city, all of whom serve without compensation. A three-year training school for nurses is maintained, upon a high standard.

Formalities connected with patient admittances are practically done away with. The applicant presents himself or herself at the hospital, if able to do so; otherwise an ambulance is sent. The patient is examined by an admitting physician; the personal history and some clinical data are taken immediately; and after certain examinations and bath the patient is transferred to the proper ward. Four ambulances are in constant service.

One hundred and forty employees are organized into fire companies, and fire drills are held weekly. Fire-alarm boxes auxiliary to the city system, and connected therewith, are installed in each building on the grounds. An alarm automatically blows a whistle in the power plant upon a code signal system, indicating the location of the fire. At our request, the City Fire Department supervises hospital drills from time to time. All equipment, including hose, nozzles, hydrants, ladders, fire extinguishers, chemical wagons, etc., are standardized with the Los Angeles Fire Department equipment, obviating any delays in fighting fire. In a recent test, forty stretcher patients were taken from one of the buildings to a place of safety in two and a half minutes.

A most up-to-date psychopathic hospital, which is considered the best upon the Pacific Coast, and the equal of Boston and Baltimore, is a portion of the institution. Here hydrotherapy treatment is given while inmates are under observation before commitment to a State institution. A court-room for the examination of patients by the Lunacy Commission is provided in this building, to do away with the necessity of transferring such unfortunates to and from the Court House for their examinations.

An observation cottage houses children who are brought to the hospital and upon whom diagnosis has not been positively determined. If they are suspected of being affected with some contagious disease, they are retained in this department until that fact is determined, thus preventing the spread of contagion in the regular children's department. If contagious disease develops, they are then taken to the proper contagious ward.

The children's ward is always an interesting as well as pathetic feature. There is a room in connection with the ward where these children receive the heliotherapy treatment. Some of these little ones are stretched on frames and strapped on different kinds of supports and extension apparatus for months on account of diseased spines or hips, or broken bones. They are always delighted to see visitors, as many of them have no friends. A recent innovation has been to employ a teacher to give them elementary instruction, and at certain